

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-033408

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

9052

FILED SEP 12 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN **St. Louis**

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION **St. Anthony's Hospital**

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Missouri** b. COUNTY

c. CITY OR TOWN **St. Louis**

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
**410a No. Euclid Ave.**

Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First **Kittie**

Middle

Last **Barkley**

4. DATE OF DEATH

Month **September** Day **7** Year **1963**

5. SEX

**Female**

6. COLOR OR RACE

**White**

7. Married ☐ Never Married ☒  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

**11/5/1888**

9. AGE (last birthday)

**74**

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Unemployed**

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)  
**Marion Co., Mo.**

12. CITIZEN OF WHAT COUNTRY  
**U.S.**

13a. FATHER'S NAME

**Isaac Barkley**

13b. MOTHER'S MAIDEN NAME

**Huldah C. Gash**

14. NAME OF HUSBAND OR WIFE

**None**

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

**No**

16. SOCIAL SECURITY NO.

17. INFORMANT

**Mrs. Virginia Bross, Palmyra, Mo.**

Address

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

**Arteriosclerotic Heart Disease**

INTERVAL BETWEEN ONSET AND DEATH

**unk**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

**Generalized Arteriosclerosis**

**unk**

DUE TO (c)

**420.0**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

**Carbosis of Liver**

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour Month, Day, Year  
a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **8/18/63** to **9/17/63** and last saw her alive on **9/7/63**  
Death occurred at **12:30 p.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)

**Robert S. Warner M.D.**

22b. ADDRESS

**1115 Paul Brown Bldg. Palmyra, Mo.**

22c. DATE SIGNED

**Sept 9/63**

23a. BURIAL, CREMATION, REMOVAL (Specify)

**Removal**

23b. DATE

**9-10-63**

23c. NAME OF CEMETERY OR CREMATORY

**Greenwood Cemetery**

23d. LOCATION (City, town, or county)

**Palmyra, Mo.**

24. FUNERAL DIRECTOR

ADDRESS

**Sprague Funeral Home, Palmyra, Mo.**

25. DATE RECD. BY LOCAL REG.

**SEP 9 1963**

26. REGISTRAR'S SIGNATURE

**Robert Smith, M.D.**

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

BY AFFIDAVIT OF

DOCUMENT

DATE AMENDED

VS 300  
Rev. 4/59

1

2

212

3

4

5

6

7

8

9

10

11

12

13

73-0

74

SEP 20 1963

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

Licensed Embalmer No.

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.